

As a healthcare professional, you may have exposure to the influenza virus. As a pre-condition of employment, the healthcare facility has mandated receiving the influenza vaccination. You must arrange to have the influenza vaccine by either scheduling your own appointment with your healthcare provider or by contacting your Recruiter to determine if the healthcare facility can provide the vaccine at their Employee Health Department.

If the vaccine is medical contraindicated, you will need to receive an exception for this mandate and it will be up to the healthcare facility to accept it. Any medical contraindication must be certified by either a licensed physician or a licensed nurse practitioner and should state that the vaccine should not be given to an individual since it would be detrimental to the person's health.

Please have the following information completed and returned to your Recruiter. If you already have had the vaccine, please attach the appropriate documentation or have the administrator of the vaccine complete the form below.

I have read and fully understand the information on this form and understand that as with any medical treatment, there is no guarantee that I will become immune or that I will not experience any adverse side effect from this vaccine.

_____ CCS Healthcare Professional Name (Print)	
_____ CCS Healthcare Professional Signature	_____ Date

**Section to be completed by Administrator if vaccine was provided:**

Date of Vaccination: \_\_\_\_\_ Site of Administration: \_\_\_\_\_

Type of Vaccine: \_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_

Manufacturer and Lot # : \_\_\_\_\_ Reactions, if any: \_\_\_\_\_

Vaccine Information Statement Given: (circle one) Yes No

Name of Person Administering Vaccine (Please Print): \_\_\_\_\_

Site/Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Signature : \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_